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ABSTRACT

Families whose primary or sole means of financial support is derived from the welfare system are attempting to meet immediate survival needs in the same manner as families outside of the system. Project Self-Sufficiency is a program which dedicates time to building trusting relationships based on mutual respect and the belief that, with support, families have the motivation to grow and develop. The project has these goals: to improve the economic, educational, and social skills of single female heads of households receiving Aid to Families with Dependent children; to enhance their ability to become self-sufficient through provision of intensive services; and to develop with these families an individualized course of action to move them out of poverty. Staff, who operate under a team concept, consists of a project manager, a family advocate (caseworker), and a career counselor. The goal is to continue to provide services until the family is economically and emotionally independent and to document project results for replication in a variety of settings, targeting a variety of audiences and presenting problems. Interventions include intake, family assessment, support and case management, referral, direct services, career counseling, follow-up, pre-employment mentoring, participant mentoring, and support groups. Professional development and a task force comprised of area service providers, private business, educational institutions, project staff, and participants are parts of the project. (LLL)

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AOC MOTHERS REACH SELF-SUFFICIENCY THROUGH COMPREHENSIVE SUPPORT AND FAMILY DEVELOPMENT SERVICES PROGRAM

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INTRODUCTION

Families who are welfare dependent do not find themselves in this situation because it is socially acceptable, convenient, or financially rewarding. Families whose primary or sole means of financial support is derived from the welfare system are attempting to meet immediate, survival needs (a socially responsible action) in the same manner as families outside of the system.

Frank Furstenburg, J. Brooks-Gunn, and Philip Morgan, in their article, Adolescent Mothers in Later Life state "...there are real life courses characterized by welfare dependency, non-marriage, low education, and high fertility. Those whose life course takes such a trajectory are likely to remain on this path. But if they can escape, if they can alter this trajectory by getting a stable job, entering a stable marriage, acquiring educational credentials, or curtailing subsequent fertility, they are no more likely than others to fall back within this trajectory. Moreover, children benefit as their mother's life situation improves." (Bruner, 1988)

PROBLEM STATEMENT

In the U.S., poverty denotes personal failure. Individuals in poverty view themselves as powerless and unable to act on their own behalf. Social systems (government, education, business) place intrinsic value on the family's or individual's ability to act, particularly to act in a traditional or "normal" manner. The inability to act as expected, is one result of the powerlessness of poverty. The stigma of failure results in a lack of self-esteem. Low self-esteem contributes to formalization of negative behaviors. Such negative behaviors may be varied, ranging from "giving up on oneself" to "getting back at the system".

In low income households, socioeconomic factors play the most significant role in family dysfunction. Providers encounter presenting factors (ie. substance abuse, metal health, teen pregnancy) which are symptoms of family dysfunction. Such presenting factors are the direct or indirect result of poverty. "The family plays a central role in establishing personal attitudes. The effects of living in a dsyfunctional family may not emerge until adulthood as the roles created for survival in the family may not be acceptable in adult life." (Schafer, 1989)

However, due to limited education, job availability or external motivation, many families have very few choices available to them. Most initiatives stress only welfare-to-work programs for the head of household, with little emphasis on other family concerns. They provide support for the family only toward meeting predefined goals based on program guidelines allowing no family input into individual goal setting. Such programs provide needed assistance for some families, but there is increasing evidence that they fail to reach and assist many of the families on public welfare.

Currently low income households are served by a range of agencies providing various services based upon programmatic guidelines which

differ (sometimes significantly) depending upon funding sources and/or individual agency policy. These differences in service provision increase the barriers families encounter on the road to self-sufficiency.

Families may come into contact with the human services system but usually in the context of a "problem" that places family members under the control of and frequently in an adversarial relationship with a social worker, probation officer, or school official. Causes of the problem that do not relate specifically to the symptom are not addressed by the intervention. As there is an intergenerational transmission of dysfunction, even if the "problems" or symptoms are to some degree addressed, the causes, left untreated, produce subsequent generations of families at-risk of long-term dependence.

Gordon Berlin and Andrew Sum in their article, Toward a More Perfect Union: Basic Skills, Poor Families and Our Economic Future stated, "Too often we have been treating symptoms rather than causes. . . . For example, some sociologists have concluded that the teen-parenting problem has its roots in the youth unemployment problem, while youth unemployment experts point to the lack of a diploma as a major factor in youth unemployment. Meanwhile, those who study school dropouts blame this problem on students' lack of self-confidence and self-esteem, teen pregnancy, the lack of job opportunities, and schools' indifference. " (Bruner, 1988)

Public programs, as a rule, do not offer long-term (more than 3 year) monetary commitments for quality higher education necessary to attain employment promoting self-sufficiency. Educational programs do not fully address the day-to-day needs of families, especially single parent families, while heads of households attend educational institutions. This "disjointed approach" creates additional barriers for families.

IN IOWA

Dubuque County has a total population of 93,000 persons, 12,786 (13.7%) who are low income (100% of poverty) according to the Iowa Office of Planning and Programming (1989). The same statistic for the State of Iowa yields a 14.2% ratio of low income persons to the total population. An average of 2,865 individuals in Dubuque County receive ADC benefits on a monthly basis. (3.1% of total county population - 22.4% of the total low income population) The total number of single parent families headed by women in Iowa increased 81.1% between 1969 and 1985; 43.6% of all female headed single families in Iowa had incomes below the poverty level in 1985 as opposed to 37.9% in 1969, an increase of 15.1%. Almost 3,000 persons in Dubuque County receive ADC cash benefits on a monthly basis with cash benefits equaling 50.4% of federally established poverty guidelines.

Additional research into other Iowa public assistance programs provides the following information. ADC benefits when added to food stamp benefits equal at most 76% of the federal poverty guideline. Working ADC recipients are in danger of losing some, if not all

public assistance benefits, even those who work at low-paying jobs. Without adequate education, single female heads of household who enter the labor market are unlikely to receive employment at wages placing household incomes above the poverty level. Single female heads of household are unable to access adequate educational opportunities, without simultaneous provision of adequate supportive services (ie. child care, transportation, advocacy and counseling).

Frustration with "problem-oriented", symptom treatment has resulted in the emergence of family development programs in communities and organizations having significant involvement, as advocates, for low-income families.

THE SOLUTION

"The programs that work best for children and families in high-risk environments typically offer comprehensive and intensive services. . . . They are able to respond flexibly to a wide range of needs. In their wakes they often pull in other kinds of services, unrelated in narrowly bureaucratic terms but inseparable in the broad framework of human misery. These programs approach children not with bureaucratic or professional blinders, but open-eyed to their needs in a family and community context. Interventions that are successful with high-risk populations all seem to have staffs with the time and skill to establish relationships based on mutual respect and trust.

These findings shed new light on the frequent observation that available services aren't much help to families mired in multiple problems. Too many observers have concluded that these families just can't be helped, that the so-called "underclass" is beyond the reach of well-intentioned organized services." (Schorr, 1989)

In her book Schorr presents hard evidence that families can be helped by programs specially attuned to the distinct needs of high-risk families.

A psychosocial approach that deals with the internal person (personality traits, needs, values, and beliefs), and the external environment (poverty, education, family environment and peer group) deals most completely with problem resolution. A holistic approach attacks those conditions that set the stage for family dysfunction. The family development approach is such an approach.

The family development approach deals with the whole family and its various presenting problems which stem from the incidence of poverty. It empowers families to solve problems, providing baseline support, information, advocacy and referral services as needed. The family establishes and works toward its personal vision of self-sufficiency. The approach emphasizes the need to address the total situation and the total family, regardless of presenting problems. Assisting families to meet survival needs and providing motivation and support in problem solving moves families from welfare dependency to self sufficiency.

FAMILY DEVELOPMENT

THE PURPOSE

The purpose of family development, simply stated, is to move the family from poverty, empower it with skills, increase the functioning, nurture the development and decrease economic and emotional dependence.

Family development uses a holistic, family approach to case management. It sees the family for its positives and helps the family build on its strengths. The programs provide love, support and encouragement during an extended service period. They stress community support for the program's clients and work to reintegrate disenfranchised families into the natural community support and community social systems. (Department of Human Rights, 1989)

Services provided include information, feedback and guidance, joint problem-solving, assistance to secure entitlements and community resources, encouragement and emotional support, combined with concrete services such as child care, job training, respite care, transportation, health or developmental screening, adult education and employment referral. The program strives for a multidisciplinary focus and has established linkages with a wide range of community services, responding to the multiple and varying needs of families.

Family development addresses various presenting problems within the context of the family. This approach empowers families to solve problems, providing needed support, while the family works toward problem resolution and self-sufficiency. The process incorporates educational and early intervention strategies. The educational focus teaches long-term and short-term goal setting toward elimination of the stress related to the incidence of poverty. The process focuses on life skill development, including decision making, problem solving, communicating and parenting, and provides support services to families working toward achievement of goals. The strategy requires a personal, ongoing relationship between Family Advocate and family. (The title Family Advocate better describes the role of what past programs referred to as a case manager). As an early intervention strategy, problem definition is considered, with referrals being made to qualified professionals and other agencies providing needed services.

The philosophy behind the programs is that a comprehensive, capacity-building, early intervention with at-risk families can be successful in improving stability and self-sufficiency of those families. (Bruner, 1988a) The primary objective is the fostering of healthy, nurturing family environments and strengthening the family's resources within the broader community. Support is provided in order to promote parental competencies and behaviors that will lead to healthy and positive personal development of parents and children.

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THE PRINCIPLES

First, undergirding family support programs is a basic set of understandings about families and the kinds of support that they need. They include the following:

1. All families need support at some times in their lives, but not all families need the same kinds or intensity of support. Traditionally families have derived this support from networks of extended family members, but more and more families must rely on community institutions for this help.

2. A child's development is dependent upon the strength of the parent-child relationship and the positive functioning of the family unit.

3. Most parents want to be good parents no matter what their resources are. Family supports are designed to assist all parents in helping their children grow into healthy, fully-functioning adults.

4. Parents do not have fixed capacities and needs; like their children, they are developing people.

5. Families' lives are influenced by the cultural values and societal pressures at work in their communities.

6. Parents are likely to become better parents if they feel competent in other important areas of their lives, such as in jobs, in school, in their other family and social relationships. (Kagan, Powell, Weasboard and Zigler, 1987)

THE PREMISES

Additionally there are a set of premises about how services should be provided if they are to be successful in supporting families, enhancing parent's abilities to provide for their families and promoting healthy parent-child development.

1. Family support services emphasize and build on the existing strengths of the family. This non-deficit program approach incorporates respect for every family's individuality and a basic belief in the potential for most families to be competent and self-sufficient. It seeks to enhance families' self-esteem, enable family members to better utilize existing community resources and peer supports, and build on competency rather than creating a system of dependence.

2. Basic supportive services should be available to families at the earliest stage of development thus strengthening their resources before they are confronted with an unmanageable crisis. Early and continuing support is designed to prevent family dysfunction.

3. These services should invite participation, not impose themselves on families. They should be provided within the context of a close,

cooperative partnership among families, their community, and program staff.

4. Family support services should be rooted in the communities of the families they serve. They reflect the cultural values and address the concerns of the neighborhood. Community members and program participants influence program development and collaborate to link these services with other community resources.

5. These programs should use advocacy at a systems level on behalf of and in cooperation with families and their communities as an important means of reinforcing family support on a long-term basis.

These premises combine to form the essence of family support programs. Although they suggest a powerful potential to change the lives of children and their families in significant positive ways, they should not be expected to solve all of the problems that families experience. These programs must be regarded as part of a larger system that affects a family's survival and ability to survive. (Bruner, 1988a)

THE STRATEGIES

Certain strategies can be effective but they must be family-centered and multifaceted in approach. Strategies must not focus on a single presenting problem. They must relate to families in the context of the family's definition of itself and its relation to society and the world of work and school. (Bruner, 1988)

Family development programs meet these basic philosophical underpinnings:

1. **They are based on a philosophy which emphasizes the strengths of families and seeks to build upon those strengths.** The emphasis . . . is positive. . . . They start with the question: "What do they have going for them?" In working with families they stress successes the family has achieved. . . . .

2. **They establish sufficient trust with their clients that the clients voluntarily participate.** . . . The Family Advocate is given the flexibility to work with the family in the way the Advocate sees as most productive . . .

3. **They emphasize strong peer as well as professional support. They involve families in common activities and nurture interaction and learning among program participants.** Families . . . benefit from assisting one another in defining and meeting challenges . . . and break out of any social isolation they may face.

4. **They believe that sources of support for families should be available in neighborhoods and local communities because extended families and friends no longer are sufficient sources of support for many families.** . . They seek to provide services and support according to the families' schedules rather than according to the agency's published office hours.

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5. **They recognize that families have multiple needs and seek to address those needs in a way that will least threaten the integrity of the family.** The Family Advocate must be prepared to cross traditional, professional and bureaucratic boundaries to assure that families receive appropriate support services in their efforts to achieve eventual self-sufficiency. Family development programs often provide services over a relatively long period of time for families, sometimes for several years.

6. **They assume that parents are likely to become better parents if they feel competent in other important areas their lives, particularly in their jobs and their educational, family and social relationships.** . . . Family development programs assume that parents are more likely to become economically self-sufficient if they feel their family is in a secure and stable situation. Therefore, they engage in a wide range of efforts designed to increase self-esteem, competence, and confidence of participating families through improving parents' successes in all these areas, recognizing that everything is connected to everything else.

7. **They recognize that the family lives within a community and that community resources (church, school, friends, community support organizations, relatives) should be drawn into the support systems the family can draw upon as the family reaches for independence. (Bruner, 1988)**

8. **They provide their workers with sufficient flexibility in providing support to families to meet the unique needs and concerns of families, including services that traditionally have not been available through existing categorical programs.** One way of developing trust with the families being served is providing support for what the family defines as its pressing needs . . . Some programs contain special budget flexibility to help meet such needs. (Bruner, 1988a)

THE THEMES

A New York Times editorial condensed these elements into four essential themes of family development programs: build on the family's strengths, treat parents as partners, provide comprehensive services, and integrate family and community. (Bruner, 1988)

THE CONCLUSION

The reduction of welfare dependency appears to be best addressed in a manner whereby the targeted family is treated as an individual unit. One program or agency acts as the central facilitator of services. The Family Advocate must establish and maintain a trusting, open, supportive relationship. In offering services, the Family Advocate will regularly cross traditional professional and bureaucratic boundaries. To insure successful program implementation and individual family success, it is necessary for service providers in the community to develop cooperative linkages, insuring the possibility of providing needed services. (Bruner, 1988a)

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HISTORICAL BACKGROUND

"Throughout the two and a half year process of drafting the bill (Family Support Act of 1988), many conservatives opposed welfare reform because, they argued, the legislation under consideration did not provide the proper work incentives for those receiving benefits under the ADC program. At the same time, many liberals and welfare rights activists maintained that any bill that the Reagan White House could ultimately support would be punitive and "workfare"-oriented." (Feuerherd, 1989)

Matthew Martinez of California warned that "while there are many quick fix solutions which would immediately remove recipients from welfare rolls, these superficial solutions will not yield long-term results or stable long-term jobs for unskilled workers." (Feuerherd, 1989)

During its 1988 legislative session the Iowa General Assembly established a "Family Development and Self-Sufficiency Council" (FaDSS) to study, fund and evaluate programs which provide developmental services for families who are at-risk of long term welfare dependency. The legislation which created the Council and appropriated grant funds took a longer term view of the problems of welfare dependency and created a three year demonstration grant program to finance a variety of community-based family self-sufficiency development programs.

The Council includes representation from several state agencies, the state universities and current and former ADC recipients. The FaDSS Demonstration Grant program is administered by the Department of Human Rights, Division of Community Action Agencies under contract to the Department of Human Services.

FaDSS programs are designed by the community they are to serve. They all recognize and share a philosophy reflected in the legislation and administrative materials. This philosophy has been incubated to a large extent in Iowa's Community Action Agencies utilizing state-administered Community Services Block Grant funds.

Programs are given an unusual degree of flexibility to design approaches that work within the circumstances of the community, ensuring families become less dependent on social services and ultimately, self-supporting.

Finally, the FaDSS demonstration grants are targeted to serve families exhibiting characteristics of long-term welfare dependency. While statistics suggest that the majority of families going on ADC will exit within two years, it is the long-term welfare dependent family that causes the greatest cost to the taxpayer in welfare support. A variety of evaluation methodologies, including the assignment of families to control and test groups, will provide an objective assessment of the impact of FaDSS program services. (Department of Human Rights, 1989)

Project Self-Sufficiency is such a program. It dedicates time to build trusting relationships based on mutual respect and the belief that, with support, families have the motivation and ability to develop and grow.

OVERVIEW OF PROJECT SELF-SUFFICIENCY

THE PAST

On May 24, 1984, the Department of Housing and Urban Development announced the solicitation of proposals from local governments for participation in "Project Self-Sufficiency". The demonstration program was designed to aid unemployed and underemployed very low income single parents with young children to make the transition from public assistance to productive employment using Section 8 rental assistance incentives.

In September, HUD notified the Dubuque County Board of Supervisors that their application had been accepted. The county appointed a task force. The major role of the task force was to develop an action plan identifying the specific activities and steps necessary to implement the program and meet the needs of program participants.

No allocation was made for staffing and administration of the project. Members of the task force attempted to provide services to project participants in addition to performing ongoing job duties. Although services were being provided, they were "piecemeal" and reactive. A need for a more coordinative effort was evident to task force members.

In March, 1988, the Board of Operation: New View, Dubuque's Community Action Agency, assumed responsibility for appointing the task force as a part of the agency's commitment to coordinated service provision. The agency immediately began a grant writing blitz on behalf of the project.

THE PRESENT

During its 1988 legislative session the Iowa General Assembly established a "Family Development and Self-Sufficiency Council" to study, fund and evaluate programs which provide developmental services to families who are at-risk of long term welfare dependency. The legislation also appropriated funds for three year demonstration Family Development and Self-Sufficiency programs. Operation: New View received funding under this legislation in January of 1989. This allowed the project to provide the intense support services to participants that the task force saw as a necessary factor for success. The project continues to be driven by the coordinative efforts of a working task force. The information to follow focuses on the project since its receipt of funding.

THE FUTURE

The agency is currently considering establishing a Family Development Drop-In Center, affording participants a specific point of reference for a wide range of services and program activities. The agency continues to solicit funding to expand the family development and self-sufficiency approach to other presenting social problems. The hope is that this approach will become the norm for service provision of the future.

PROJECT COMPONENTS

HYPOTHESIS: Goal oriented low income families are more likely to achieve self-sufficiency if provided comprehensive support services when taking steps necessary to achieve education and training goals leading to economic and emotional independence.

GOALS: Improve the economic, educational and social skills of 50 single female heads of household receiving AOC benefits in Dubuque County, enhancing their ability to become self-sufficient through provision of intensive services and developing with these families an individualized course of action to move them out of poverty. A nonequivalent control group receiving no services has been established for purposes of evaluation.

TARGET POPULATION: The project serves families designated by the Department of Human Services who meet the following criteria: 1) female head of household 2) teenage mother a first birth 3) multiple episodes of AOC.

PROJECT MANAGER:

1. Coordinate the team effort to service provision

2. Produce and coordinate pre-employment mentoring (job shadowing) component

3. Train, recruit and coordinate personal mentors for each project participant

4. Provide expertise in problem solving and network with directors of community resources

5. Continue to seek ways of expanding services to participants through networking with community leaders, service clubs, concerned businesses and funding sources

6. Provide for the continued expansion of community, state and national awareness of the problem of poverty, the needs of single parents and the issues central to the success of the project

FAMILY ADVOCATE (caseworker)

1. Build a trusting relationship with the family

2. Complete family assessment: Genogram, ecomap, identification of needs, skills, interests, strengths, and family patterns, rules and coping strategies

3. Develop a plan of action with the family, based on above

4. Prepare a goal-setting worksheet; refer to Career Counselor when appropriate

5. Provide ongoing support, referral, information, counseling, plan revision and goal achievement rewards

CAREER COUNSELOR:

1. Complete intense career assessment, considering interests, skills, abilities and values

2. Synthesize gathered information into an economically relevant career choice

3. Prepare a career path goal-setting worksheet in cooperation with family and Family Advocate

4. Assist with educational and training goal attainment, financial aid application, admissions process, course selection, pre-employment mentoring, etc.

TEAM CONCEPT:

1. Weekly staff meetings centered on reviewing client progress, brainstorming and creative problem solving, sharing of resources and new ideas

2. Coordination of social gatherings for participants, workshops on topics from "low cost, no cost family fun" to relationship building, sexuality, parenting and aerobics

3. Coordination of workshops for professional training and development

4. Coordination of holiday-related events: development of planning committee, solicitation of donations, delivery of presents, etc.

5. Production of monthly newsletter noting upcoming events, client successes and awards, birthdays, announcements and tips

GOAL: To continue providing services until the family is economically and emotionally independent and to document project results for replication in a variety of settings, targeting a variety of audiences and presenting problems

PROCESS:

1. Detailed chronological casenotes of each contact, phone or personal, are kept in each family file

2. Complete a comparative evaluation with control group and disseminate findings

3. Pursue other funding streams to test the method under other presenting problems

4. Terminate service provision to the family through a mutual agreement with family after family reaches economic self-sufficiency, gains skills in problem-solving, goal-setting and decision-making and cultivates a positive support system

DESCRIPTION OF INTERVENTIONS

Intake: A random sample of 100 names compiled by the Department of Human Services is provided to the project. Family Advocates make contacts and complete verification and identification of family needs. During the interview the project goals and services are explained to the family. Each family volunteering for the project understands the possibility that they will be assigned to the control group and receive no services.

Family assessment: Upon receipt of the 50 randomly chosen families, Family Advocates begin initial visits, building trusting relationships with families. The assessment visit includes the completion of a genogram, which indicates the family history, transmission of issues through generations, and family relationships. An ecomap is completed indicating the many outside influences on the family and the intensity of these relationships. The Advocate completes an assessment of family needs and relating styles, records other observations made during visits, compiles the information into a comprehensive personal picture of the family, and performs a self-evaluation of the tenor and quality of the assessment visits.

Support and case management: The Advocate makes at least weekly contacts and at least monthly home visits with families. The family and Advocate together complete a goal-setting worksheet with short term benchmarks to longer term achievements. This worksheet is revised and updated as necessary, with rewards for incremental goal attainment. The Advocate is available to the participant during normal working hours, with home visits and appointments scheduled flexibly at any time including evenings and weekends. This flexibility in participant-centered services speaks to the dignity and importance of each family.

Referral: The Advocate has a broad knowledge of community services and refers families and family members as appropriate. The Advocate may make appointments, accompany the participant or entertain children to enable to participant to access needed services. In many instances the Advocate may arrange to complete necessary paperwork in the home or contact the program directly when the participant is ill-served or receiving conflicting information.

Direct services: The project is able to provide minimal direct services such as paying for child care, utility bills, utility hook-ups, winter clothing, and/or school supplies when other programs can not. Direct services can repair a much needed car or simply purchase a child's birthday gift.

Career counseling: The services of a professional Career Counselor are available to participants to assist in choosing an educational or training program or in pursuing immediate employment. The participant can take advantage of a wide range of career assessment tools including computerized assessments with professional interpretation. The Counselor synthesizes the results of all assessment tools with other information gathered during sessions, and together with the participant (in cooperation with the Family Advocate), begins to set career related goals. The Counselor assists with referrals to resources and with completion of admissions and financial aid materials, and provides support throughout the process. The Counselor also assists participants with resume and cover letter preparation and interview skills.

Follow-up: During the program and after termination, on a semiannual basis a formal follow-up is completed on each family to document progress, evaluate service provision, identify changes in family situation and touch-base with the more independent families.

Pre-employment mentoring: The Project Manger has instituted a job-shadowing component for career exploration, assisting the participant considering career options and the participant completing training with on-the-job learning experiences. A marketing packet is distributed to interested host establishments explaining the project and the pre-employment mentoring component including expectations of the host site and personal mentor. The Advocate and Career Counselor assist interested participants through the application process and host site selection. A formal final evaluation of the experience is completed by host, mentor, participant and Advocate.

Participant mentoring: Personal mentors were trained by nationally renowned Carol Sasaki of the Helping Ourselves Means Education Communications Network. Volunteer mentors have been recruited from the AAUW, Professional Women's Network, Women in Management and the Human Resources Manger's Organization. Mentors will provide another source of socialization and advice regarding career pursuits.

Support groups: Many of our participants are now actively involved in educational pursuits and it is difficult to find meeting times to suit a large number of participants. As a result support groups and social group activities have been at a minimum. A committee was formed to plan summer activities, as few participants attend school during the summer due to lack of funding sources providing this option. Large party-themed get-togethers draw many participants. These gatherings are designed to offer the opportunity to network with other participants and include many games, awards and activities for both parents and children.

Professional development: The project has a deep commitment to professional development. Each of the staff has completed the Family Development Specialist Training through the National Resource Center On Family Based Services located in Iowa City. Training opportunities are offered quarterly at the state level and are attended by available staff. Staff also attend other out-of-area conferences as well as training opportunities available locally. The Advocates are also trained Budget Counselors. The project's commitment is also reflected in its hosting of the Family Development conference "Pathways to Self-Sufficiency" June, 1990. Carol Sasaki provided training to develop a communications network of resources that assist persons to become self-sufficient. She shared her personal story of triumph over abuse and fragmented services to gain education and independence and presented her method for networking service providers, educators, private business and concerned individuals with persons seeking to be independent.

Task force: The core of the project is a task force comprised of area service providers, private business, public sector, educational institutions, project staff and participants. The task force meets at least quarterly to network on behalf of participants. It has developed the pre-employment mentoring component, brainstormed for problem resolution, advocated for the project on a community, state and national basis, networked on behalf of participants locally and statewide, provided priority services to participants and continues to be very involved in project supervision.

PARTICIPANT'S DEMOGRAPHIC PROFILE
(6/12/89)

Educational Level	# of Women	Percentage
8th grade	3	6%
9-11 grade	10	20%
12th grade	15	30%
GED	14	28%
Some college	8	16%
Number of Children		
1 child	19	38%
2-4 children	30	60%
Over 4 children	1	2%
Number of children living at home		
No children at home	1	2%
1 child	20	40%
2-4 children	28	56%
Over 4 children	1	2%
Age range of children		
Under 2	7	14%
2 to 5	24	48%
6 to 12	19	38%
13 to 16	6	12%
17 to 18	3	6%
Residence		
Dubuque city	46	92%
Rural Dubuque county	1	2%
Small town in Dubuque county	3	6%

Worked outside of home	# of Women	Percentage
Yes	41	82%
No	9	18%
Time worked outside of home		
Less than 1 year	6	14.6%
1 to 5 years	21	51.2%
Over 5 years	4	9.75%
Unknown	10	24.3%
Job Training		
Yes (100% completed)	15	30%
No	35	70%
Needs identified by participants		
Employment	33	66%
Education		
Parent	33	66%
Child	6	12%
Child care	25	50%
Transportation	16	32%
Housing	14	28%
Money management	10	20%
Legal	9	18%
Support	8	16%
Parenting	6	12%
Child's behavior	6	12%
Health		
Child	6	12%
Parent	4	8%

Disabilities	# with
Parent	3
Child	5

Reason began ADC	# of Women	Percentage
Divorce	10	20%
No job that pays enough	9	18%
Pregnant	5	10%
Going to school	2	4%
Multiple reasons	22	44%
None given	1	2%
Not on ADC	1	2%

Reason remain on ADC		
No job that pays enough	18	36%
Going to school	10	20%
No child support	2	4%
Pregnant	1	2%
Multiple reasons	13	26%
None given	2	4%
Not on ADC	4	8%

A SUMMARY OF PROGRESS TO SELF-SUFFICIENCY

A formal evaluation of the project will be performed upon termination of the demonstration period, December 1991. An evaluation of group progress may be made based on the following information.

Characteristics (demographics attached)

Total families assisted 6/89 to 4/90	48
Total individuals	147
Male	57
Female	90
White	143
Black	4

Caseload data (6/1/89-3/31/90)

Current active caseload	37
Terminations	13
Positive	12
Negative	1

Assessment

Initial assessments completed	48
Self evaluation of family	12
Testing completed	34

Support and case management

Advocacy contacts	622
Individual goals set	141
Goals accomplished	118
Plan revisions	76
Family budgeting	29
Family counseling	14

Referral

Referrals for Section 8 housing	28
Referrals to other services	194
Referrals for training	75

Direct services

Child care stipends provided	7
Free Y memberships	13
Free Christmas trees	42
Free turkeys	40
Gift certificates	44

Career counseling

Career counseling sessions	80
Educational goals set	92
Assist with scholarships, grants, loans	57
Resume preparation	7
College graduates	7

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Follow-up

Entered training	45
Entered employment	17
Reduced public assistance	25
No public assistance	7
Income over 100% of poverty	3
No longer receiving ADC	9

TOTAL NEW INCOME GENERATED 6/1/89 - 5/31/90
Terminated clients $31,489 + Active $60,751 = $92,240

TOTAL ADC SAVINGS 6/1/89 - 5/31/90
Terminated clients $23,897 + Active $44,610 = $68,507

Pre-employment mentoring

Interviews with host sites	5
Participant applications completed	6

Participant mentoring

Mentors recruited for training	35

Support groups

Support group sessions	3
Attended support groups	18
Attended Single Mothers' Support Group	2
Attended life skills workshops	70
Attended graduation party	21
Attended "networking get-together"	24
Attended Halloween party planning	6
Attended Halloween party	
Parents	19
Children	56

Professional development

Family Development Specialist certification	4
Budget Counseling certification	2
Co-Dependency Workshop, Dr. John Friel	4
Raising Self-Reliant Youth, Dr. Jane Nelson	4
Career Development Training	1
Human Rights Seminar	3
Quarterly State Meeting and Training	4

Staff serve on the following committees in community:
Battered Women's Advocates; Dubuque Employment Network; Displaced Homemakers Network; Child Care Advisory Committee; Friends of the Community; Food Pantry Board; Child Abuse Council; Child Care/Resource and Referral; Community Housing Resource Board; Youth Task Force

Task Force

Meetings	8

CASE HISTORY

Enrollment

Enrolled in Family Development in March, 1989
Notified of "active participant" status in June, 1989

* Age 28
* Caucasian
* Parent of three children; ages 6, 7 and 8
* Separated in 1988
* High school drop-out
* Receiving ADC, looking for a job

Summary

She was interested in obtaining a GED and began studying at the Community College Learning Center an average of 20 hours each week. She applied to a four year college, obtained a job in a locally owned candy shop and continued studying in the center through the fall. During the holidays she worked as many a 55 hours a week, leaving little time for study. In January her brother died and she chose not to enter her first semester of college. She returned to work and study at the learning center in February. The following month she was arrested for cocaine trafficking. She was not jailed nor did she appear in court, as the charge stemmed from her ex-husband's activities. The children were able to remain with her and she did not lose any of her entitlements or her job. In May her mother died. She has completed her final GED exam and applied to enter college in the fall.

Highlights of interventions

Assessment - Completed genogram and ecomap, 6/29/90

Family needs identified: Often runs short of food at the end of the month, has no transportation, ex-husband in drug rehabilitation program, she wants to finalize the divorce

Family strengths: Hearing impaired son is first to be mainstreamed into the classroom and she is very interested in his progress, she has much pride in herself and her home, she was able to end an unhealthy relationship

Support and case management - Completed goal-setting worksheet, 9/8; Home visit: concerned about her low math skills, having money problems, questions about financial aid, 9/10; Home visit: got a job, 10/2; Home visit: has taken 3 GED tests, contacted JOBS program about school aid, son in accident, 10/20; Home visit: son doing much better, ADC has been cancelled, needs a phone; Call from advocate: ADC will be reinstated, phone will be connected, 11/7; Home visit: brother killed in accident, 12/5; Breakfast with advocate, 12/17; Home visit: kids ill with croup, her mother is very ill, decided not to attend school, 1/7; Call from advocate: children better, JOBS program contacted and put on hold, 1/18; Call from advocate: mother died, 3/5; Call from advocate: arrested, 3/15; Call from advocate: check on how things were going, 3/16; Call from advocate, court date set, 4/20; Call from advocate: sign kids up for

Y-camp, 5/9; Home visit: completed GED, reapplied for school, completed financial aid, 5/16.

Referral - She was referred to and assisted by the following programs: Fuel assistance, JOBS-training program, Adult Re-entry Program, Link-up Iowa, Department of Human Services, Clarke College, Job Training Partnership, Legal Services, and the State Bar Association.

Direct services - Fees were paid for financial aid application, college application and Y-camp.

Career counseling - Met with counselor to decide on educational goals and began the application process, 7/20; Met with counselor to choose a major, completed career assessment, 9/11; Called career counselor with questions about financial aid, 9/14; Met with counselor to finalize decision, 9 /17; Called with questions about aid and programs, 12/11.

Follow-up - Competed semiannual evaluation 12/5; Employed 10/2/89; Will enter college 8/90.

Support groups - She attended the Back-to School Workshop held in cooperation with the community college, 9/10/89.

BIBLIOGRAPHY

Bruner, Charles. Family Development and Self-Sufficiency Demonstration Grant Program Strategic Planning Guide. Des Moines, IA: Center for the Study of Social Policy, 1988.

Bruner, Charles. Appendix to the Family Development and Self-Sufficiency Demonstration Grant Program Strategic Planning Guide. Des Moines, IA: Center for the Study of Social Policy, 1988a.

"Family Development and Self-Sufficiency Demonstration Grant Program." Des Moines, IA: Department of Human Rights, 1989.

Feuerherd, Joseph. The Family Support Act Of 1988. Business Publishers, Inc., 1989.

Kagan, Powell, Weasboard and Zigler. American's Family Support Program : Perspectives and Prospects. Yale University Press, 1987).

Schorr, Lisabeth. Within Our Reach: Breaking The Cycle of Disadvantage. New York: Doubleday, 1989.

Shafer, Connie. " Many Adults Face Memories of Alcoholic Home." Guidepost: American Association for Counseling and Development 31 (1,1989).

Shafer, Connie. "Intergenerational Abuse Not Inevitable, Researchers Contend." Guidepost 32 (2,1989).

Shafer, Connie. "AACD Publication Provides Strategies for Counselors." Guidepost 32 (4,1989).